

Case Number:	CM14-0166730		
Date Assigned:	10/13/2014	Date of Injury:	12/11/2009
Decision Date:	11/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63 year old female who was injured in September of 2009. Medications include Klonopin 2 mg 1-2 times daily, Lexapro 20 mg daily, Wellbutrin 150 mg po q AM and Trazodone 150 mg at hs. An evaluation done by an AME in April of this year indicates that she was on these medications but does not note a psychiatric diagnosis or any psychiatric complaints. A psychological evaluation done in August indicated that the patient has had "depressive and anxious complications" related to her work injuries. The psychologist diagnosed Major Depressive Disorder. CBT and medication management visits were recommended. The provider has requested coverage for 2 medication management visits over the next 3 months. The previous reviewer denied the request based on lack of medical necessity. This is an independent review of the previous reviewer's decision to deny benefit coverage for 2 medication management visits over the next three months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

medication management for 2 sessions over next 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: The psychological evaluation from August established a diagnosis of Major Depressive Disorder and indicates that the patient has been prescribed multiple psychiatric medications. While details regarding the patient's medication history are not noted, the above-referenced medical evaluation from April indicates that she was on four psychotropic medications concurrently. MTUS is silent in regards to psychiatric treatment. ODG apply due to the diagnosis of major depressive disorder. These evidence based guidelines recommend office visits "as medically necessary". Given the presence of a severe and persistent mental illness and the history of polypharmacy, psychiatric follow up appears to be essential in evaluating need for and monitoring of the patient's psychotropic medication regime. As such the requested 2 medication management sessions over three months appear to be medically necessary according to current evidence based best practice standards as set forth in the Official Disability Guidelines (ODG).